

REQUEST FOR TEMPORARY FLIGHT RESTRICTION

DATE: _____	FAA ARTCC requires phone notification. ARTCC _____
TIME: _____	FAA PHONE: _____ FAX: _____
Resource Order Number: _____	DISPATCH OFFICE _____
Request Number: A - _____	PERSON REQUESTING TFR: _____
	24 HR. PHONE (No Toll Free #s) _____

Circular Degrees Minutes Seconds Only – use zero's for seconds if unavailable

LAT/LONG of Center Point (US NOTAM OFFICE FORMAT dddmmssN/ddmmssW)	RADIUS (NM) (5 NM is standard)	Altitude (MSL Only)
N/ W		

Polygon (List perimeter points in clockwise order). For NES Input: Use the same NAVAID if possible for each point. List nearest NAVAID (distance < 50 NM) - do not use NDB or T-VOR. (For lat/long - Degrees Minutes Seconds only)

Point #	Lat/Long ddmmssN/ddmmssW	Point #	Lat/Long ddmmssN/ddmmssW
1	N W	5	N W
2	N W	6	N W
3	N W	7	N W
4	N W	8	N W

24 hours a day? _____ or Daytime Operational Hours: (UTC) _____ to _____

Incident TFR Duration: _____ to _____ (Estimate – be generous, 10/1, 11/1 or 12/1 is OK)
Format: YYMMDDhhmm to YYMMDDhhmm

Geographic Location of Incident (NM from nearest town, state) _____

Agency in Charge _____ Incident Name _____

24 hour phone number (No toll Free #s) _____ VHF-AM Air to Air Frequency _____

NOTAM # of TFR being replaced _____

This will affect the following Special-Use Airspace: (MOA, RA, WA, PA, AA): _____

This will affect the following Military Training Routes:					
Route	SEGMENT(S)	SCHEDULING ACTIVITY	Route	SEGMENT(S)	SCHEDULING ACTIVITY

NOTAM # _____	Time Issued _____	Date _____ / _____ / _____
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Date/Time TFR Canceled: _____ By: _____ Replaced by _____